# Commonwealth of Massachusetts
## Motor Vehicle Crash Police Report
### AT INTERSECTION:
<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Name of Roadway/Street</th>
<th>At</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NOT AT INTERSECTION:
<table>
<thead>
<tr>
<th>Route#</th>
<th>Direction</th>
<th>Address #</th>
<th>Name of Roadway/Street</th>
<th>Feet N/S/E/W of</th>
<th>Mile Marker or Exit Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>352</td>
<td>MIDDLESEX AVE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### License
- **License #:** 851706955
- **DOB/Age:** St. MA 1919
- **Sex:** M
- **Lic. Class:** D 19
- **Li. Restrictions:** 1 20
- **CDL:** Endorsement

### Operator
- **Operator:** CERULLO, ANTHONY A
- **Address:** 31 MILL ST APT A
- **City:** BURLINGTON
- **State:** MA
- **Zip:** 01803-2601

### Insurance Company
- **Company:** THE COMMERCE INSURANCE CO

### Vehicle Travel Direction
- **Direction:** N/S/E/W
- **Event:** Responding to Emergency

### Citation
- **Citation:** (If Issued)

### Violations
- **Viol. 1:** Ch/Sec/Sub
- **Viol. 2:** Ch/Sec/Sub
- **Viol. 3:** Ch/Sec/Sub
- **Viol. 4:** Ch/Sec/Sub

### Crash Report ID
- **ID:** 20-91-AC

### Operator Information
- **Operator:** ANTHONY CERULLO
- **Address:** 31 MILL ST
- **City:** BURLINGTON
- **State:** MA
- **Zip:** 01803-2601
- **Date:** 03/30/1999

### Operator/Non-Motorist
- **Name:**
- **DOB/Age:**
- **Sex:**
- **Lic. Class:**
- **Li. Restrictions:**
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- **Vehicle Action Prior to Crash:**
- **Damaged Area Code:**
- **Test Status:**
- **Type of Test:**
- **BAC Test Result:**
- **Suspect Alcohol:**
- **Suspect Drug:**
- **Towed from scene:**

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- **CDL:**
- **Endorsement:**
Crash Narrative:

03/31/2020 1103V1 was pulling into the drive through bank. The box truck did not clear the overhang and made contact with the corner of it, which had a light on it. The operator of V1 said he usually clears the overhang at his normal bank, and did not think to check the height when he pulled in to Reading Cooperative Bank. There was damage to the front driver's side corner on the box of the truck. The gutter and spotlight were damaged on the bank. The impact shook some ceiling tiles loose inside the bank. There appeared to be no structural damage to the building, but the building inspector was contacted by the fire department and bank manager just in case and it will be inspected at a later time.

Witnesses:

<table>
<thead>
<tr>
<th>Name (Last, First, Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>Statement</th>
</tr>
</thead>
</table>

Property Damage:

<table>
<thead>
<tr>
<th>Owner (Last, First, Middle)</th>
<th>Address</th>
<th>Phone #</th>
<th>41-Type</th>
<th>Description of Damaged Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>READING COOPERATIVE BANK</td>
<td>MIDDLESEX AVE WILMINGTON MA 01887</td>
<td>97</td>
<td>GUTTER</td>
<td>SPOTLIGHT ON BUILDING</td>
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</tbody>
</table>

Truck and Bus Information:

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Registration #</th>
<th>Bus Use</th>
<th>City</th>
<th>St.</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>US DOT #:</th>
<th>Cargo Body Type Code</th>
<th>GVWR/GCWR</th>
<th>MC/MX/ICC #:</th>
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</thead>
<tbody>
<tr>
<td>43</td>
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<th>Cargo Body Type Code</th>
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Hazard Information:

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<thead>
<tr>
<th>Placard</th>
<th>Material 1 digit</th>
<th>Material Name</th>
<th>Material 4 digit</th>
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<tbody>
<tr>
<td>47</td>
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</table>

Patrol Officer Emily L. Stebbins

<table>
<thead>
<tr>
<th>Police Officer Name (Please Print)</th>
<th>Signature</th>
<th>ID/Badge #</th>
<th>Department</th>
<th>Precinct/St.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>210</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>03/31/2020</td>
</tr>
</tbody>
</table>
### Motor Vehicle Crash Police Report

**Commonwealth of Massachusetts**

**Police Use Only**

Date of Crash: 04/02/2020

Time of Crash: 1727

City/Town: Wilmington

**AT INTERSECTION:**

Route # | Direction | Name of Roadway/Street
--- | --- | ---
1 |  | At
2 |  | Also at intersection with

**NOT AT INTERSECTION:**

Route # | Direction | Address # | Name of Roadway/Street
--- | --- | --- | ---
108 |  | GLEN RD |  

**Operator:**

Name: STRYKOWSKI, JENNIFER A

Address: 67 NORTH WASHINGTON ST

City: WILMINGTON

State: MA

Zip: 01887-2312

**Vehicle:**

License #: S88448446

State: MA

DOB/Age: 19

Sex: F

Lic. Class: D

Lic. Restrictions: 19

CDL Endorsement: 20

Operator: STRYKOWSKI, JENNIFER A

Owner: STRYKOWSKI, JENNIFER A

**Vehicle Action Prior to Crash:**

Vehicle Year: 2014

Vehicle Make: TOYOTA

Veh Config: 1

**Event Sequence:**

1. Damaged Area Code: 27

2. Test Status: 28

3. Type of Test: 29

**Most Harmful Event:**

BAC Test Result: 30

Susc. Alcohol: 31

Susc. Drugs: 32

Towed from scene: 33

**Operator:**

Name: FORCINA, RYAN CHRISTOPHER

Address: 6 SENECA LN

City: WILMINGTON

State: MA

Zip: 01887-1980

**Vehicle Action Prior to Crash:**

Vehicle Year: 2008

Vehicle Make: MITSUBISHI

Veh Config: 1

**Event Sequence:**

1. Damaged Area Code: 27

2. Test Status: 28

3. Type of Test: 29

**Most Harmful Event:**

BAC Test Result: 30

Susc. Alcohol: 31

Susc. Drugs: 32

Towed from scene: 33

**Operator/Non-Motorist:**

See Above

**Form No. 10/04 CRA-65 05/18**
Operator of motor vehicle number 1, Jennifer Strykowski was traveling straight ahead on Glen Road. She observed MV2 pull out in front of her vehicle, she attempted to stop but crashed. Op. of MV2, Ryan Forcima was traveling straight ahead on Brattle Street. Mr. Forcima stated that he stopped at the stop sign, then proceed through and vehicles crashed (See images). Ms. Strykowski stated that her hands and chest hurt. Mr. Forcima stated he did not sustain any injuries. Both parties were evaluated by the WFD and refused medical attention. Both vehicles were towed by Forrest.
### Vehicle 1

- **Operator:** GALASSI, VIRGINIA GONTIJO
- **Address:** 15 HANKS ST APT 2
- **City:** LOWELL
- **State:** MA
- **Zip:** 01852-3619
- **Insurance Company:** GEICO GENERAL INSURANCE
- **Vehicle Action Prior to Crash:** 2
- **Event Sequence:** 1
- **Most Harmful Event:** 1
- **Driver Contributing Code:** 1
- **Driver Distracted by:** 0

### Vehicle 2

- **Operator:** PLANTE, MICHAEL ROBERT
- **Address:** 11 MYSTIC AVE
- **City:** WILMINGTON
- **State:** MA
- **Zip:** 01887-2116
- **Insurance Company:** SAFETY INSURANCE COMPANY
- **Vehicle Action Prior to Crash:** 1
- **Event Sequence:** 1
- **Most Harmful Event:** 1
- **Driver Contributing Code:** 20
- **Driver Distracted by:** 5

### Vehicle 3

- **Operator/Non-Motorist:** PATRICIA PLANTE
- **Address:** 11 MYSTIC AVE

---

**Note:** This is a crash report with details of vehicle information, operator information, and crash events. The report includes fields for vehicle action, event sequence, most harmful event, driver contributing code, and driver distracted by factors. It also includes address information for each involved party and vehicle.
Crash Narrative:

MV1 was stopped in the roadway with her blinker on waiting to turn left into the RMV parking lot when she was rear ended by a Motorcycle (B1). MV1 sustained damage to the right rear end of her vehicle but was able to pull off the road into the driveway. No injured were observed or reported by Ms. Galassi. Both occupants of the motorcycle were laying on the ground upon our arrival. Michael and Patricia appeared to have sustained serious injuries. Michael was transported to MGH and Patricia was transported to Lahey. It was reported to us that Michael might have looked away for a second subsequentially causing him to rear end MV1 in the road way. MV1 and B1 was towed away by Cain's Towing.

Witnesses:

<table>
<thead>
<tr>
<th>Name (Last,First,Middle)</th>
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<th>Statement</th>
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</thead>
<tbody>
<tr>
<td>JONES ERIC R</td>
<td>54 FEDERAL ST WILMINGTON MA 01887-0000</td>
<td>508-517-5773</td>
<td></td>
</tr>
</tbody>
</table>

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| Interstate | Cargo Body Type Code | GVWR/GCWR | |
|------------|----------------------|-----------|-
| 43         |                      |           | |

<table>
<thead>
<tr>
<th>Trailer Reg #:</th>
<th>Reg Type</th>
<th>Reg State</th>
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Patrol Officer Scott Dunnett

Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |
<table>
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<td></td>
<td>202</td>
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<td>04/06/2020</td>
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</table>